



AR 1170045

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/634,195
Filing Date	August 09, 2000
First Named Inventor	Donna Jean Crowder
Group Art Unit	1755
Examiner Name	PASTERCZYK, JAMES W.
Attorney Docket Number	2000U012.US

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Assignment Papers (for an Application)                               | <input type="checkbox"/> After Allowance Communication to Group                                  |
| <input checked="" type="checkbox"/> Preliminary Amendment / Response<br>Response to Office Action mailed<br>May 31, 2002 | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to<br>Board of Appeals and<br>Interferences        |
| <input checked="" type="checkbox"/> Final  | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to<br>Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69)<br>and Accompanying Petition       | <input type="checkbox"/> Proprietary Information   |
| <input checked="" type="checkbox"/> Extension of Time Request<br>Two Month   | <input type="checkbox"/> To Convert a Provisional<br>Application                              | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address | <input checked="" type="checkbox"/> Additional Enclosure(s)<br>(please identify below):          |
| <input type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> Terminal Disclaimer  | <u>Return Postcard</u>   |
| <input type="checkbox"/> Certified Copy of Priority<br>Documents)  | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Response to Missing Part/<br>Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts   |   |  |

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual name	Osborne K. McKinney	Registration No.	40,084
Signature			
Date	October 31, 2002		

## CERTIFICATE OF MAILING

I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

October 31, 2002

Typed or printed name	Osborne K. McKinney		
Signature		Date	October 31, 2002